

Row 1 Administrative Data	Reporter Name Kip Landwehr	Submission date. 7.1.2016	Contact person (if different than reporter)	Internal ID
	Address Winfield Solutions, LLC P.O. Box 64281 Shoreview, MN 55164-0281		Address	
	Phone # (972) 462-8656		Phone #	
	Incident Status: New <input checked="" type="checkbox"/> Update If update, include date of original submission.	Location and date of incident. (City, County, State)	Date registrant became aware of incident.	Was incident part of larger study? Y <input type="checkbox"/> N <input checked="" type="checkbox"/> U <input type="checkbox"/>
Row 2 Pesticide(s) Involved	EPA Registration # (Product 1) 1381-191	EPA Registration # (Product 2)	EPA Registration # (Product 3)	
	A.I. (s)	A.I. (s)	A.I. (s)	
	Product 1 name Cornerstone	Product 2 Name	Product 3 Name	
	Exposed to concentrate prior to dilution? Y <input type="checkbox"/> N <input type="checkbox"/> U <input type="checkbox"/> NA <input checked="" type="checkbox"/> X	Exposed to concentrate prior to dilution? Y <input type="checkbox"/> N <input type="checkbox"/> U <input type="checkbox"/> NA <input checked="" type="checkbox"/> X	Exposed to concentrate prior to dilution? Y <input type="checkbox"/> N <input type="checkbox"/> U <input type="checkbox"/> NA	
	Formulation	Formulation	Formulation	
Row 3 Incident Circumstances	Evidence label directions were not followed? Yes <input type="checkbox"/> No <input type="checkbox"/> U <input checked="" type="checkbox"/> X <input type="checkbox"/> Intentional misuse <input type="checkbox"/>	Incident site: (examples include home, yard, school, industrial, nursery/greenhouse, surface water, commercial turf, building/office, forest/ woods, agricultural (specify crop) right-of-way (rail, utility, highway)). Home/Yard	Situation (act of using product): (examples include mixing/loading, reentry, application, transportation, repair/ maintenance of application equipment, manufacturing/ formulating). Applying product in yard.	
	Applicator certified PCO? Yes <input type="checkbox"/> No <input type="checkbox"/> U <input type="checkbox"/> X <input type="checkbox"/>			
	How exposed: (examples include direct contact with treated surface, ingestion, spill, drift, runoff) Inhaled spray mist	Brief description of incident circumstances. Individual spraying Cornerstone on a windy day, inhaled product and developed respiratory issues.		

Provide all known, required information. If required data field information is unknown, designate as such in appropriate area. Page# 2 of 15

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A collection of 15 small, stylized line drawings of various insects, including beetles, flies, and bees, arranged in a grid-like pattern.